

EFT/ACH VENDOR PAYMENT ENROLLMENT FORM

This form is used for Electronic Fund Transfer and Automated Clearing House (ACH) payments. Recipients of these payments should bring this information to the attention of their financial institution.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY COAST GUARD FINANCE CENTER (OPQ5A)	
AGENCY IDENTIFIER USCG	AGENCY LOCATION CODE (ALC) 6902510 2
ADDRESS 1430A KRISTINA WAY	
CITY, STATE, ZIP CODE CHESAPEAKE, VA 23326	
CONTACT PERSON VENDOR EXPRESS INFORMATION LINE	TELEPHONE NUMBER (757) 523-6086
ADDITIONAL INFORMATION	

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
REMITTANCE ADDRESS	
CITY, STATE, ZIP CODE	APPLICABLE CONTRACT NUMBER
SIGNATURE AND TITLE OF CONTRACTOR'S AUTHORIZED OFFICIAL / DATE	TELEPHONE NUMBER ()

FINANCIAL INSTITUTION INFORMATION

NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
POINT OF CONTACT	TELEPHONE NUMBER ()
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT NUMBER	LOCKBOX NUMBER
TYPE OF ACCOUNT	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	